								1.00	
Federal Communicati	ion Commission		Approved l		FOR FCC USE	,,	2220111	CATID	
Washington, D.C. 20:			3060-0390 (Арг	ril 2000)	CODE NO.B3	- פנע	2000111	OALP	
BROADCA	ST STATI	ION ANNUAL REPORT	EMPLOYME	ENT					
SECTIONI									-
Legal Name of th	ne Licensee					·			
CITICASTERS (Mailing Address									
Maining Address 200 EAST BASS					=				
City SAN ANTONIO				State addre TX	or Country (ss)	if forei	gn	Zip Code 78209 - 8328	3
Telephone Numb 2108222828	er (include ar	rea code)		E-Ma	il Address (i	f availa	ble)		
LIUULLLULU		Facili 5995	ity ID Number		Call S KABI				
SECTION II		T	<u>.</u>	T	 	· · · · · · · · · · · · · · · · · · ·	 -		
A. TYPE OF RESPONDENT	' .	Commercial Broa Radio TV Low Power T International		C Edu	nmercial Bro neational Rad neational TV	lio	Station	Headquart C HQ	ers
B. List call sign a stations which sh [Stations Location	are one or mo	f all stations whose ore employees.	e employees are or	ı this re	port. This sh	ould inc	clude com	monly owned	
List call sign and which share one		ll stations those em	Station Lis		. This should	l includ	e common	ly owned stati	ions
Call Sign		ity ID Number	- (chao	Тур	e - Habay)			Location City/State)	
KNEW] 	59966			able box)			(LAND, CA	
	<u> </u>			141 -	141 1 .				
Call Sign	Facility	ID Number		Type (check applicable box)		Locatio (City/Sta		State)	
KIOI	34	4930	O _{AM} ®	FM C	TV	S	AN FRAN	CISCO, CA	
Call Sign	Facility 1	ID Number		Type (check applicable box)		Location (City/State)			
KIOI	4	085	O _{AM} 🚱	FM C	TV	W	ALNUT (CREEK, CA	
Call Sign	Facility	ID Number	(check an	Type	• hox)			cation	

KIOI	90740	C AM © FM C TV	PLEASANTON, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59964	C AM © FM C TV	SAN FRANCISCO, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59992	C AM O FM C TV	WALNUT CREEK, CA	
	······			
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59993	O AM O FM O TV	PLEASANTON, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59973	C AM © FM C TV	CONCORD, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KKSF	65484	C AM S FM C TV	SAN FRANCISCO, CA	
KKSF	65484	C AM © FM C TV	SAN FRANCISCO, CA	
KKSF Call Sign	65484 Facility ID Number	Type (check applicable box)	Location (City/State)	
		Type	Location	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
Call Sign KMEL	Facility ID Number 35121	Type (check applicable box) C AM FM TV	Location (City/State) SAN FRANCISCO, CA Location	
Call Sign KMEL Call Sign	Facility ID Number 35121 Facility ID Number	Type (check applicable box) C AM FM TV Type (check applicable box)	Location (City/State) SAN FRANCISCO, CA Location (City/State)	
Call Sign KMEL Call Sign	Facility ID Number 35121 Facility ID Number	Type (check applicable box) C AM FM TV Type (check applicable box)	Location (City/State) SAN FRANCISCO, CA Location (City/State)	
Call Sign KMEL Call Sign KMEL	Facility ID Number 35121 Facility ID Number 35122	Type (check applicable box) C AM FM TV Type (check applicable box) O AM FM TV Type	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location	
Call Sign KMEL Call Sign KMEL Call Sign	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number	Type (check applicable box) C AM © FM C TV Type (check applicable box) C AM © FM C TV Type (check applicable box) Type (check applicable box)	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State)	
Call Sign KMEL Call Sign KMEL Call Sign	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number	Type (check applicable box) C AM © FM C TV Type (check applicable box) C AM © FM C TV Type (check applicable box) Type (check applicable box)	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State)	
Call Sign KMEL Call Sign KMEL Call Sign KSAN	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number 59990	Type (check applicable box) C AM FM C TV Type (check applicable box) O AM FM C TV Type (check applicable box) C AM FM C TV	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location	
Call Sign KMEL Call Sign KMEL Call Sign Call Sign	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number 59990 Facility ID Number	Type (check applicable box) C AM FM TV Type (check applicable box) O AM FM TV Type (check applicable box) C AM FM TV Type (check applicable box) Type (check applicable box) Type (check applicable box)	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location (City/State)	
Call Sign KMEL Call Sign KMEL Call Sign Call Sign	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number 59990 Facility ID Number	Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box) Type (check applicable box) Type (check applicable box) Type	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location (City/State) MILL VALLLEY, CA Location	
Call Sign KMEL Call Sign KMEL Call Sign KSAN Call Sign	Facility ID Number 35121 Facility ID Number 35122 Facility ID Number 59990 Facility ID Number 91407	Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV Type (check applicable box) C AM FM C TV	Location (City/State) SAN FRANCISCO, CA Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location (City/State) MILL VALLLEY, CA	

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KXJ0	36029	C AM O FM C TV	ALAMEDA, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KXJO	35013	C AM © FM C TV	ORINDA, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYLD	59989	C AM © FM C TV	SAN FRANCISCO, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KZOL	70033	C AM © FM C TV	SANTA CRUZ, CA

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KABL	59957	© AM O FM O TV	OAKLAND, CA

SECTION III

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

certify to the best of my knowledge, information and belief,	all statements contained in this report are true and correct.
Signed	Print Name
	RICK WOLF

Title	Telephone No. (include area code)
VP, CORP COUNSEL	2108323322
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	32	15	1	1	1	1
2.	PROFESSIONALS	47	22	3	4	6	
3.	TECHNICIANS	7	6				-
1	SALES WORKERS	. 44	18	1	I	1	
	OFFICE & CLERICAL	53	8	4	2	5	
	CRAFT WORKERS (SKILLED)						
1	OPERATIVES (SEMI-SKILLED)	2	1			1	
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						
10.	TOTAL	185	70	9	8	14	1

Г			FEMALE				
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS]	8	2	1	2	
2.	PROFESSIONALS		5	6		1	
3.	TECHNICIANS]				1	
4.	SALES WORKERS		16	1	1	5	
	OFFICE & CLERICAL] [13	9	4	8	
	CRAFT WORKERS (SKILLED)						

7. OPERATIVES (SEMI-SKILLED)				
8. LABORERS (UNSKILLED)		7		
9. SERVICE WORKERS		v.		
10 TOTAL	42 18	6	17] [

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

		· · · · · · · · · · · · · · · · · · ·	MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	
	OFFICIALS & MANAGERS	1					
2.	PROFESSIONALS	20	3	1	5	1]
3.	TECHNICIANS	15	1	3	3	4]
	SALES WORKERS						-
	OFFICE & CLERICAL	67	8	8	13	11	
	CRAFT WORKERS (SKILLED)						•
7.	OPERATIVES (SEMI-SKILLED)	3	2				
	LABORERS (UNSKILLED)			-			
	SERVICE WORKERS	•					
10.	TOTAL	106	14	12	21	16	

Γ		 FEMALE				
	Job Categories	WHITE (NOT ISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	INDIAN,
1.	OFFICIALS & MANAGERS			1		L
2.	PROFESSIONALS	5	.4	1		
3.	TECHNICIANS	1	1	1	1	
4.	SALES WORKERS					
5.	OFFICE &	10	4	4	9	

	Additional Information [Exhibit 1]	

**************************************		n
10 TOTAL	17 9 7	10
9. SERVICE WORKERS		
8. LABORERS (UNSKILLED)		
7. OPERATIVES (SEMI-SKILLED)	1	
6. CRAFT WORKERS (SKILLED)		
CLERICAL		i

Call Sign

Facility ID Number

Federal Communications	Commission		Approved by		CC USE ONLY	0001116	A C D
Washington, D.C. 20554			3060-0390 (Аргіі		no.B395B - 20	0011167	AGP
DDO AD CAS	P CTATION A	RINITIAT TO	ADI OVME	NT			
BRUADCAS	T STATION A REPO		VIPLUX MIE	N.1			
on comon I							
SECTION I Legal Name of the l	Licensee					·	
CITICASTERS CO				· · · · · · · · · · · · · · · · · · ·			
Mailing Address	DO4D						
200 EAST BASSE	ROAD			State or Co	ountry (if foreign	17	ip Code
City SAN ANTONIO				address)	oundy (if toleigh		8209 - 8328
				TX	· · · · · · · · · · · · · · · · · · ·		··
Telephone Number 2108222828	(include area code)		E-Mail Ad	ldress (if availabl	e)	
2100222020			D Number		Call Sign		
		23082	<u></u>		KBME	· · · · · · · · · · · · · · · · · · ·	
SECTION II		 					r
A. TYPE OF	Comme	rcial Broadcas	et Station	Voncomme	rcial Broadcast St	ation	Headquarters
RESPONDENT:			C Education			○ HQ	
	O TV	10		C Education			`
	· · · · · · · · · · · · · · · · · · ·	v Power TV		" Laudouric	711UL 1 V		
	I	rnational					
B. List call sign and stations which share [Stations Locations]	one or more emple	ions whose em oyees.	iployees are on	this report.	This should inclu	ide commo	nly owned
List call sign and lo	ation of all stations	e those employ	Station List		s should include o	commonly	owned stations
which share one or i	more employees.	s mosc employ	y ccs are on and			· · · · · · · · · · · · · · · · · · ·	
Call Sign	Facility ID N	lumber		Туре	- h)		cation
	11000	· · · · · · · · · · · · · · · · · · ·	<u> </u>	k applicable	<u> </u>		y/State) STON, TX
KBXX	11969		<u> </u>	M © FM	-: TV	11001	TON, IX
	7			T.,		Τ.	ocation
Call Sign	Facility ID N	lumber	(chec	Type k applicable	e box)		y/State)
КНМХ	47749			M © FM (HOU	STON, TX
Call Sign	Facility ID 1	Vumber	(che	Type ck applicab	ele box)		ocation ity/State)
KJOJ	2062	5	•	AM C FM	C TV	CON	VROE, TX

Type (check applicable box) Location (City/State)

КЈОЈ	69565	∥ C _{AM} ⊗ _{FM} C _{TV}	FREEPORT, TX
	1	AM W FM W IV	TREEFORT, TX
Call Sign	Facility ID Number	Туре	Location
		(check applicable box)	(City/State)
KKBQ	23083	C AM G FM C TV	PASADENA, TX
[F		-	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKRW	9625	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKTL	65308	O AM O FM O TV	CLEVELAND, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLAT	67063	© AM C FM C TV	HOUSTON, TX
<u> </u>			<u></u>
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLDE	59951	C AM © FM C TV	LAKE JACKSON, TX
Call Sign	Facility ID Number	Турс	- Location
		(check applicable box)	(City/State)
KLOL	35073	C AM © FM C TV	HOUSTON, TX
	·		
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLTN	65310	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLTO	479	C AM © FM C TV	GALVESTON, TX
<u></u>	N. Control of the con		
Call Sign	Facility ID Number	Туре	Location
		(check applicable box)	(City/State)
KMJQ	11971	O AM © FM O TV	HOUSTON, TX
r			
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KODA	35337	O AM © FM O TV	HOUSTON, TX
<u> </u>		H 4 AAVA LAVA I V	
<u>г————</u> т		<u> </u>	

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOVA	57806	C AM © FM C TV	ROSENBERG, TX
\	E-ill- ID M	T	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOVE	25583	C AM © FM C TV	PORT ARTHUR, TX
		1	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPRC	9644	© AM C FM C TV	HOUSTON, TX
·			
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KQUE	65309	€ AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRTX	57804	© _{AM} C _{FM} C _{TV}	ROSENBERG, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRTX	57801	C AM © FM C TV	WINNIE, TX
		1	-
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KSEV	9645	© AM O FM O TV	TOMBALL, TX
- 11 - 1r	P4 141. DOM: N. P.	1 -	Y
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTBZ	18516	O AM © FM O TV	HOUSTON, TX
	D 111	m	YA!
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTRH	35674	● AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KBME	23082	© AM C FM C TV	HOUSTON, TX
TION III			
	RIOD COVERED BY THIS REP	OTH CLUTTING	

B. CHECK APPLICABLE BOX

- C Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

Γ			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	(c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	28	15		1		• • • • • • • • • • • • • • • • • • •
2,	PROFESSIONALS	35	19		3		
3.	TECHNICIANS	9	7	1	1		
	SALES WORKERS	48	13	1	1		
	OFFICE & CLERICAL	28	5	1	1		:
	CRAFT WORKERS (SKILLED)					1	

7.	OPERATIVES (SEMI-SKILLED)	:				
8.	LABORERS (UNSKILLED)	, : 	· .	·		
	SERVICE WORKERS	ì	1		1	
10.	TOTAL	149	60	3	7	8

Г		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS	4	4	4		V
	PROFESSIONALS	9	1	3]	
3.	TECHNICIANS				_	
	SALES WORKERS	29	2	2		
	OFFICE & CLERICAL	9	5	7		
	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
	SERVICE WORKERS					
10.	TOTAL	51	12	16		

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

	MALE							
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	(c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	
1.	OFFICIALS & MANAGERS						\ <u>\</u>	
2.	PROFESSIONALS	18	8	1				
3.	TECHNICIANS		-		•			
	SALES WORKERS							
5.	OFFICE &	16	4	2	4	1		

L	CLERICAL			<u>l</u>		1	
L	CRAFT WORKERS (SKILLED)						
	OPERATIVES (SEMI-SKILLED)		A contract of the contract of			••	
8.	LABORERS (UNSKILLED)						
9.	SERVICE WORKERS	8	4		1		
10	TOTAL	42	16	3	5	2	

Г		FEMALE		·····		
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS					
2.	PROFESSIONALS	7	1			
3.	TECHNICIANS					
4.	SALES WORKERS					
5.	OFFICE & CLERICAL	4		1	·	-
6.	CRAFT WORKERS (SKILLED)					•
7.	OPERATIVES (SEMI-SKILLED)					
	LABORERS (UNSKILLED)					
	SERVICE WORKERS	2				_
10.	TOTAL	 13	1	1	1	

Additional	Information	Exhibit I

Exhibits

1/ 11 /0

_



	s Commission t		306	Approved b 0-0390 (Apr	у ОМВ	FOR FCC USB ONLY CODE NO.B395B - 20	001116	AΠ
BROADCAS	T STAT	ION ANN REPORT		OYME	NT			
SECTION I								
egal Name of the								
AMFM RADIO LI Mailing Address	CENSES, I	LLC				· · · · · · · · · · · · · · · · · · ·		
200 EAST BASSE	RD							
City			· · · ·			r Country (if foreign		Code
SAN ANTONIO					addres: TX	5)	7820	09 - 8328
Felephone Number	(include a	rea code)				Address (if available)		
2108222828			E 25 TO AL					· · · · · · · · · · · · · · · · · · ·
			Facility ID Nu 51162	mber		Call Sign WGCI		
				· · · · · · · · · · · · · · · · · · ·				·
SECTION II	······································							
A. TYPE OF		I -	l Broadcast Stat			nmercial Broadcast Sta	tion	Headquarter
RESPONDENT:		Radio				cational Radio		C HQ
		O TV			C Educational TV			
		C Low Po	and the second s					
		-~ internati	COLURT					<u>.L</u>
Ctations I sostions]	•							
Stations Locations]			St	ation List				
ist call sign and lo	cation of al	l stations the				This should include co	ommonly	owned station
	cation of al more emplo	l stations the oyees. lity ID Num	ose employees a	re on this	report.	ре	L	ocation
ist call sign and lovhich share one or a	cation of al more emplo	oyœs. lity ID Num	ose employees a	re on this	report. Ty ock appl	pe licable box)	L (C	ocation ity/State)
ist call sign and lo	cation of al more emplo	yees.	ose employees a	re on this	report. Ty ock appl	ре	L (C	ocation
ist call sign and lovhich share one or a	cation of al more emplo Faci	oyœs. lity ID Num	ber	(che	Tyck appl	rpe licable box) FM C TV	L (Ci CHI	ocation ity/State) CAGO, IL
List call sign and lovhich share one or a Call Sign WIND Call Sign	cation of al more emplo Faci	byees. lity ID Num 67068 lity ID Num	ber	(che	Tyock appl	pe licable box) pe licable box)	L (C: CHI L (C:	ocation ity/State) CAGO, IL ocation ity/State)
List call sign and loo which share one or a Call Sign WIND	cation of al more emplo Faci	oyees. lity ID Num 67068	ber	(che	Tyock appl	rpe licable box) FM C TV	L (C: CHI L (C:	ocation ity/State) CAGO, IL
List call sign and locality thich share one or a Call Sign WIND Call Sign WLXX	cation of al more emplo Faci Faci	byees. lity ID Num 67068 lity ID Num 11196	ber	(che	Tyck appl	rpe licable box) FM C TV rpe licable box) FM C TV	L (Ci CHI L (Ci CHI	ocation ity/State) CAGO, IL ocation ity/State) CAGO, IL
List call sign and lovhich share one or a Call Sign WIND Call Sign	cation of al more emplo Faci Faci	byees. lity ID Num 67068 lity ID Num	ber	(che	Tyck appl	pe licable box) pe licable box)	L (C) CHI (C) CHI L	ocation ity/State) CAGO, IL ocation ity/State) CAGO, IL ocation
List call sign and locality thich share one or a Call Sign WIND Call Sign WLXX	cation of al more emplo Faci Faci	byees. lity ID Num 67068 lity ID Num 11196	ber	(che	Tyck appl	pe licable box) FM C TV pe licable box) FM C TV	L (Ci CHI L (Ci CHI	ocation ity/State) CAGO, IL ocation ity/State)
List call sign and locality thich share one or a Call Sign WIND Call Sign WLXX Call Sign WGCI	cation of al more emplo Faci Faci	lity ID Num 67068 lity ID Num 11196 lity ID Num 51165	ber ber	(che	Tyck appl	pe licable box) FM C TV pe licable box) FM C TV	L (Ci CHI L (Ci CHI	ocation ity/State) CAGO, IL ocation ity/State) CAGO, IL ocation ity/State)
List call sign and loo which share one or a Call Sign WIND Call Sign WLXX Call Sign	cation of al more emplo Faci Faci	oyees. lity ID Num 67068 lity ID Num 11196 lity ID Num	ber ber	(che	Tyck appl	rpe licable box) FM C TV rpe licable box) FM C TV pe licable box) FM C TV	L (Ci	ocation ity/State) CAGO, IL ocation ity/State) CAGO, IL ocation ity/State)

WLIT	70042	C AM O FM C TV	CHICAGO, IL
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WOJO	67073	C AM © FM C TV	EVANSTON, IL
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WUBT	74178	O AM O FM O TV	CHICAGO, IL
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WVAZ	6588	C AM © FM C TV	OAK PARK, IL
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WGCI	51162	© AM C FM C TV	CHICAGO, IL

	J TIT	

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date	

CDB	S	Print	

ı	1	1/	1	5/2	000

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA [Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	41	15	7			
2.	PROFESSIONALS	47	8	20	1	1	
3.	TECHNICIANS	12	8	1		1	j
	SALES WORKERS	66	15	13			
	OFFICE & CLERICAL	56	7	2			
	CRAFT WORKERS (SKILLED)						
	OPERATIVES (SEMI-SKILLED)	1		1			
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						•
10.	TOTAL	223	53	44	11	2	

Г		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (b)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS	8	10		1	
	PROFESSIONALS	6	.10	1		
3.	TECHNICIANS	1	1			
	SALES WORKERS	25	12	1		
	OFFICE & CLERICAL	12	33	1	1]
	CRAFT WORKERS (SKILLED)					•
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS					



(UNSKILLED)	1				1
9. SERVICE WORKERS	•		· ·		
10.TOTAL	52	66	3	2	<u>l </u>

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

			MALE		****		· · · · · · · · · · · · · · · · · · ·
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS						
2,	PROFESSIONALS	38	8	20			
3.	TECHNICIANS	12	6	4		1]
,	SALES WORKERS	2		1			
	OFFICE & CLERICAL	21	3	8	,	l	
6.	CRAFT WORKERS (SKILLED)						
	OPERATIVES (SEMI-SKILLED)						
	LABORËRS (UNSKILLED)						
	SERVICE WORKERS						
10.	TOTAL	73	17	33		2	

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS					
2.	PROFESSIONALS	2	8			
3.	TECHNICIANS	1		•		
4.	SALES WORKERS		1			
	OFFICE & CLERICAL	1	8			
6.	CRAFT WORKERS (SKILLED)		4			

7. OPERATIVES (SEMI-SKILLED)									
8. LABORERS (UNSKILLED)									
9. SERVICE WORKERS									
10.TOTAL		4	17						
Additional Information [Exhibit 1]									
Exhibits			·						

Federal Communications Commission Washington, D.C. 20554			Approved 3060-0390 (Ap	by OMB		use only o.B395B - 2	20001116	AFG	
BROADCA		ON ANNUA REPORT	L EN	MPLOYMI	ENT				
SECTION I					-				
Legal Name of th	e Licensee CO.							· i	
Mailing Address 200 EAST BASS	E RD_		-						
City SAN ANTONIO					State addre TX		ntry (if foreig		Zip Code 78209 - 8328
Telephone Numb 2108222828	er (include ar	ea code)			E-Ma	il Addr	ess (if availat	ole)	
2108222828			cility II 918) Number			Call Sign KFYI		
SECTION II				<u></u>	· · · · · ·				T
A. TYPE OF RESPONDENT:		Commercial Broadcast Station Radio TV C Low Power TV International		t Station	Noncommercial Broadcast Stati C Educational Radio C Educational TV		Station	Headquarters HQ	
B. List call sign as stations which sha [Stations Location	are one or mor		ose em _l	ployees are or	this re	port. Th	is should incl	ude comme	only owned
List call sign and which share one o			employ	Station Lis	-	This sl	nould include	commonly	owned stations
Call Sign	Facility II			Type check applica	ble boy			Location (City/Stat	
KFYI	654	80]		AM C FM			<u> </u>		
<u> </u>		<u></u>						·········	
Call Sign	Facil	ty ID Number		(che	Ty ck appl		ox)		ocation ity/State)

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOY 63914		● AM ○ FM ○ TV	PHOENIX, AZ

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KESZ	40992	O AM ® FM O TV	PHOENIX, AZ

Call Sign	Facility ID Number	Туре	Location
<u> </u>		(check applicable box)	(City/State)
11			

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKFR	65479	C AM © FM C TV	GLENDALE, AZ
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMILE	59965	O AM ® FM O TV	CHANDLER, AZ
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMXP	6361	C AM € FM C TV	PHOENIX, AZ
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KNIX	7698	C AM © FM C TV	PHOENIX, AZ
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOOL	13506	C AM © FM C TV	PHOENIX, AZ
7-11 G:	The life of the last		
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KYOT	18648	C AM © FM C TV	PHOENIX, AZ
Call Sign	Facility ID Number	Туре	Location
W70V	(2012	(check applicable box)	(City/State)
KZON	63913	C AM © FM C TV	PHOENIX, AZ
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
K ZZ P	47742	O AM © FM O TV	MESA, AZ
ur	79 191, ven 40 4		
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KFYI	63918	© AM O FM C TV	PHOENIX, AZ

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

B. CHECK APPLICABLE BOX

C	Fewer than five full-time employees in employment unit during the selected payroll period (Complete pa	age c	ne (only
	and certification statement and return to FCC)	-0		·

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT) HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	27	14		1		
2.	PROFESSIONALS	53	31	!	3		1
	TECHNICIANS	5	. 5_			•	
	SALES WORKERS	46	12	2	1		
	OFFICE & CLERICAL	27	6			•	
	CRAFT WORKERS (SKILLED)						·
7.	OPERATIVES						

L	(SEMI-SKILLED)		1	<u> </u>	1	1 1
8.	LABORERS					
	(UNSKILLED)					
	SERVICE WORKERS					. :
10.	TOTAL	158	68.	2	5	1

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS	11				1
2.	PROFESSIONALS	15	ĺ	2]	
3.	TECHNICIANS					_
4.	SALES WORKERS	26	2	2	1	
5.	OFFICE & CLERICAL	15	3	2		1
6.	CRAFT WORKERS (SKILLED)					
7.	OPERATIVES (SEMI-SKILLED)					
8.	LABORERS (UNSKILLED)					
L	SER VICE WORKERS					
10	TOTAL	67	6	6	1	2

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	(c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS				<u> </u>		(c)
2.	PROFESSIONALS	18	11	1	2		
3.	TECHNICIANS	5	4			,	
	SALES WORKERS	2	1				
	OFFICE & CLERICAL	13	2	1	2		

6. CRAFT WORKERS (SKILLED)					,	
7. OPERATIVES (SEMI-SKILLED)						
8. LABORERS (UNSKILLED)	1	1				
9. SERVICE WORKERS						
10.TOTAL	39	19	2	4	7	
		EEMALE				

_				·			
		·	FEMALE	<u> </u>			
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS					 	
2.	PROFESSIONALS		4				
3.	TECHNICIANS .		1			•	
	SALES WORKERS				1		
	OFFICE & CLERICAL		7		1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						. *
	SERVICE WORKERS						
10.	TOTAL		12		2]	

Exhibits

Washington, D.C. 20554 BROADCAST STATION ANNUAL EMPLOYN REPORT SECTION I Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. Mailing Address 200 EAST BASSE RD City SAN ANTONIO TX	or Country (if foreign Zip Code 78209 - 83 ail Address (if available) Call Sign WAQI Noncommercial Broadcast Station Educational Radio Educational TV	Headquarters PHQ
BROADCAST STATION ANNUAL EMPLOYN REPORT SECTION I Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. Mailing Address 200 EAST BASSE RD City SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: RESPONDENT: Respondent and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twich share one or more employees. Call Sign Facility ID Number WINZ 51977	or Country (if foreign Zip Code 78209 - 83 ail Address (if available) Call Sign WAQI Noncommercial Broadcast Station Educational Radio Educational TV	Headquarters PHQ
REPORT SECTION I Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. Mailing Address 200 EAST BASSE RD City SAN ANTONIO SAN ANTONIO Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: RESPONDENT: Commercial Broadcast Station Radio TV Low Power TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	or Country (if foreign 78209 - 83 ail Address (if available) Call Sign WAQI Noncommercial Broadcast Station Educational Radio Educational TV	Headquarters
Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. Mailing Address 200 EAST BASSE RD City SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Call Sign WAQI Noncommercial Broadcast Station C Educational Radio Educational TV	Headquarters
Legal Name of the Licensee CLEAR CHANNEL BROADCASTING LICENSES, INC. Mailing Address 200 EAST BASSE RD City SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Call Sign WAQI Noncommercial Broadcast Station C Educational Radio Educational TV	Headquarters
Mailing Address 200 EAST BASSE RD City SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: Radio TV C Low Power TV C Low Power TV C International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Call Sign WAQI Noncommercial Broadcast Station C Educational Radio Educational TV	Headquarters
City SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: Respondent: Commercial Broadcast Station Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Call Sign WAQI Noncommercial Broadcast Station C Educational Radio Educational TV	Headquarters
SAN ANTONIO Telephone Number (include area code) 2108222828 Facility ID Number 37254 SECTION II A. TYPE OF RESPONDENT: Respondent	Call Sign WAQI Noncommercial Broadcast Station C Educational Radio Educational TV	Headquarters
SECTION II A. TYPE OF RESPONDENT: Commercial Broadcast Station Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Call Sign WAQI Noncommercial Broadcast Station Educational Radio Educational TV	© HQ
SECTION II A. TYPE OF RESPONDENT: Commercial Broadcast Station Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	Noncommercial Broadcast Station C Educational Radio C Educational TV	© HQ
A. TYPE OF RESPONDENT: Commercial Broadcast Station Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	© Educational Radio © Educational TV	© HQ
A. TYPE OF RESPONDENT: Commercial Broadcast Station Radio TV Low Power TV International B. List call sign and location of all stations whose employees are stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	© Educational Radio © Educational TV	© HQ
Stations which share one or more employees. [Stations Locations] Station I List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977	on this report. This should include co	ommonly owned
List call sign and location of all stations those employees are on twhich share one or more employees. Call Sign Facility ID Number WINZ 51977		
WINZ 51977	his report. This should include comm	
	Type (check applicable box)	Location (City/State)
Call Sign Facility ID Number	⊕ _{AM} C _{FM} C _{TV}	MIAMI, FL
Call Sign Facility ID Number		
Can sign Pacinty in Number	Type (check applicable box)	Location (City/State)
WIOD 14242	⊕ AM C FM C TV	MIAMI, FL
Call Sign Facility ID Number	Type (check applicable box)	Location (City/State)
WQBA 73912	● AM C FM C TV	MIAMI, FL
Call Sign Facility ID Number (check ap		
WIOD 14242 Call Sign Facility ID Number WQBA 73912 Call Sign Facility ID Number	Type (check applicable box) • AM • FM • TV Type (check applicable box)	Location (City/State MIAMI, F Location (City/State

Call Sign	Facility ID Number		Туре		Location	
WAMR	61658		(check applicable		(City/State)	
WAIVIR	01038		O AM O FM	MIAMI, FL		
Call Sign	Facility ID Number	(c	Type heck applicable box)		Location (City/State)	
WBGG	11965	C	AM ® FM C TV	FT.	LAUDERDALE, FL	
Call Sign	Facility ID Number		Type (check applicable	box)	Location (City/State)	
WEDR	71418		C AM © FM	⊃ TV	MIAMI, FL	
Call Sign	Facility ID Number	(c	Type heck applicable box)		Location (City/State)	
WHYI	WHYI 41381				T. LAUDERDALE, FL	
Call Sign	Facility ID Number		Type (check applicable box)		Location (City/State)	
WLVE	51978		C AM © FM C TV ML		MIAMI BEACH, FL	
Call Sign	Facility ID Number		Туре		Location	
WMGE	67193		heck applicable box) AM © FM C TV	FT	(City/State) AUDERDALE, FL	
			AM ~ FM ~ IV			
Call Sign	Facility ID Number		Type (check applicable b	ox)	Location (City/State)	
WRTO	37253		C AM G FM C	TV	GOULDS, FL	
Call Sign	Facility ID Number		Type (check applicable box)		Location (City/State)	
WZTA	51979		C AM © FM C TV		MIAMI BEACH, FL	
Call Sign Facility ID Number		Type (check applicable box)		Location (City/State)		
WAQI	37254		© AM C FM C	MIAMI, FL		
***************************************	***************************************					
				***************************************	***************************************	

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORP COUNSEL	Telephone No. (include area code) 2108323322
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	30	17		1		•
2.	PROFESSIONALS_	63	35	4	6	1	
3.	TECHNICIANS	15	7	1	4	1	
	SALES WORKERS	67	29	2	5		
	OFFICE & CLERICAL	45	11	4	1		ŗ
	CRAFT WORKERS (SKILLED)					1	
7.	OPERATIVES						

	(SEMI-SKILLED)	1		l	<u> </u>	-
8.	LABORERS (UNSKILLED)	2		1		
	SERVICE WORKERS	1				
10	TOTAL	223	99	12	18 2	

Γ		 FEMALE				
	Job Categories	WHITE (NOT	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
	OFFICIALS & MANAGERS	10	1	1		· ·
2.	PROFESSIONALS	9	4	4		
3.	TECHNICIANS	2			_	
	SALES WORKERS	22	4	41		
	OFFICE & CLERICAL	12	6	11		ļ
	CRAFT WORKERS (SKILLED)		·			
	OPERATIVES (SEMI-SKILLED)					
	LABORERS (UNSKILLED)		1			
	SERVICE WORKERS					
10.	TOTAL	55	16	20	11	<u> </u>

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS				·		(e)
2.	PROFESSIONALS	24	8		3	l	
3.	TECHNICIANS	4	2	1	1		
4.	SALES WORKERS					•	j
5.	OFFICE & CLERICAL	16	4		4		
					· · · · · · · · · · · · · · · · · · ·	ı	

5. CRAFT WORKERS	1	1	1 .	<u>F</u>	ı	I
(SKILLED)						:
7. OPERATIVES	1	1 1		<u> </u>	<u> </u>	<u> </u>
(SEMI-SKILLED)				•		
B. LABORERS			•			
(UNSKILLED)						
9. SERVICE		•	*			*
WORKERS						
IO. TOTAL	45	15	1	-8		
	·					
		FEMALE				
		WHITE	BLACK		ASIAN OR	
		(NOT	(NOT	(h)	PACIFIC	
Job Categories	- 1		HISPANIC)	•	ISLANDER	
		(f)	(g)		(i)	NATIVE
. OFFICIALS &		 		<u> </u>	<u> </u>	(j)
MANAGERS	,					
PROFESSIONALS		8	2	3	i	
B. TECHNICIANS	⊣			<u>. </u>	1	
SALES	┥ .					
WORKERS						
5. OFFICE &		2	2	4	}	
CLERICAL					j	
5. CRAFT WORKERS						
(SKILLED)		1.				
OPERATIVES		Ī				
(SEMI-SKILLED)	⊣	Į.				
B. LABORERS (UNSKILLED)						
SERVICE						
WORKERS						
O.TOTAL		10	4	7]	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************	*********	····	**************	****************

Additional Information Exhibit	Additiona	Information	Exhibit	11
--------------------------------	-----------	-------------	---------	----

## Exhibits

		·		····	<u></u>	<del></del>		
Federal Communica			Approved	ьу ОМВ	FOR FCC USE CODE NO.B.		) 1001116	ΔUT
Washington, D.C. 20	0554		3060-0390 (Ар	ril 2000)	0000.0.0.		7001110	<u> </u>
BROADCA	AST STAT	ION ANNUAL REPORT	L EMPLOYMI	ENT				
SECTION I								
Legal Name of t WAXQ LICEN	SE CORP.							
Mailing Address 200 EAST BAS					·			
City SAN ANTONIO				State or Country (if foreign address) TX				Cip Code 18209 - 8328
Telephone Num 2108222828	ber (include a	rea code)		E-Ma	ail Address	(if available	e)	
			lity ID Number 34		Call WA			
SECTION II		1		1				1
A. TYPE OF  RESPONDENT:  Commercial Bro  Radio  TV  Low Power T  International							Headquarters  HQ	
B. List call sign stations which st [Stations Location	nare one or mo		se employees are o	n this re	port. This si	hould inclu	de commo	only owned
			Station Li					
List call sign and which share one			nployees are on thi	s report	. This shoul	d include o	commonly	owned stations
Call Sign	Facili	ty ID Number	(check	Type applic	able box)			cation //State)
WAXQ		23004			M O TV		NEW Y	ORK, NY
			<del></del>			i		
Call Sign	Faci	ility ID Number	(cl	Type (check applicable box)			ocation ity/State)	
WCAA 46978 C AM © FM C TV NEWARK				WARK, NJ				
·	<del></del>				<del></del> _			
Call Sign Facility ID Number			(ch	Type (check applicable box)				ocation ity/State)
WHTZ		59953	0	AM ©	FM O TV	7	NEV	WARK, NJ
Call Sign	Facility	ID Number	T (check app	ype licable	box)		Locati (City/Si	

WKTU	6595	C AM © FM C TV	LAKE SUCCESS, NY
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WLTW	56571	C AM C FM C TV	NEW YORK, NY
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WТЛМ	6373	C AM G FM C TV	NEW YORK, NY
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
WADO	70684	© AM C FM C TV	NEW YORK, NY

#### SECTION IV CERTIFICATION

B. CHECK APPLICABLE BOX

and certification statement and return to FCC)

and certification statement and return to FCC)

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

#### SECTION V EMPLOYEE DATA

[Full-Time Paid Employee Data]

## SECTION V - EMPLOYEE DATA

	MALE									
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)			
	OFFICIALS & MANAGERS	45	26		1	i				
2.	PROFESSIONALS	62	35	3	2	1	]			
3	TECHNICIANS	9	6		2	1				
	SALES WORKERS	62	23							
	OFFICE & CLERICAL	66	17	1	1	1				
	CRAFT WORKERS (SKILLED)						•			
	OPERATIVES (SEMI-SKILLED)						,			
	LABORERS (UNSKILLED)									
	SERVICE WORKERS		,							
10.	TOTAL	244	107	4	6	4				

Γ			FEMALE				
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (b)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (i)
	OFFICIALS & MANAGERS		. 15		1	i	
2.	PROFESSIONALS	1	13	6	2		
	TECHNICIANS						
	SALES WORKERS		32	3	2	2	
5.	OFFICE & CLERICAL		32	8	6		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)	] 					
	LABORERS (UNSKILLED)						
	SER VICE WORKERS						
10.	TOTAL		92	17	11	3	

## B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

## SECTION V - EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS						-
2.	PROFESSIONALS	28	19		11	]	
3.	TECHNICIANS	4	3			•	
1 1	SALES WORKERS						
	OFFICE & CLERICAL	63	31	4	6		
	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
	SERVICE WORKERS						
10.	TOTAL	95	53	4	7		

Г	FEMALE									
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)			
1.	OFFICIALS & MANAGERS					_				
	PROFESSIONALS		6		2					
3.	TECHNICIANS		1							
4.	SALES WORKERS					_	:			
5.	OFFICE & CLERICAL		15	2	5					
	CRAFT WORKERS (SKILLED)				· ·					
7.	OPERATIVES (SEMI-SKILLED)				•					
	LABORERS (UNSKILLED)									
	SERVICE WORKERS									
10.	TOTAL		22	2	7					

CDBS Print	i )			÷ )	٠.	Page 5 of 5
			N +			
***************************************				·	***************************************	***************************************
	-	•	rmation [Exhibit 1		***************************************	
Particular and the second seco			·			· Andrews
Exhibits		***************************************	***************************************		Martin State (Martin State (Ma	West of the second seco

## **CERTIFICATE OF SERVICE**

I, Kelly Waltersdorf, a paralegal in the law offices of Smithwick & Belendiuk, P.C., certify that on July 15, 2002 copies of the foregoing Supplement to Petition to Deny were sent via First Class Mail, postage pre-paid, to the following:

David Solomon, Esq. *
Chief, Enforcement Bureau
Federal Communications Commission
The Portals II
445 Twelfth Street, S.W.
Washington, DC 20554

Charles E. Kelley, Esq. *
Chief, Investigations & Hearings Division
Enforcement Bureau
Federal Communications Commission
The Portals II
445 Twelfth Street, S.W.
Washington, DC 20554

W. Kenneth Ferre, Esq. *
Chief, Media Bureau
Federal Communications Commission
The Portals II
445 Twelfth Street, S.W.
Washington, DC 20554

John C. Filippini, Esq.
Trial Attorney
U. S. Department of Justice
Antitrust Division
City Center Building
1401 H Street, N.W., Ste. 3700
Washington, D.C. 20530

Christopher L. Robbins, Esq. Wiley, Rein, & Fielding, L.L.P 1776 K Street N.W. Washington, DC 20006 Counsel for Clear Channel Broadcasting Licenses, Inc.

Bruce A. Eisen, Esq.
Kay, Scholer, Fierman,
Hays & Handler, LLP
901 15th Street, NW
Suite 1100
Washington, DC 20005-2327
Counsel for Spanish Broadcasting Corporation

Lee W. Schubert, Esq.
Rosenman & Colin, L.L.P.
805 15th Street, N.W.
9th Floor
Washington, DC 20005-2202
Counsel for Concord Media Group, Inc.

Richard R. Zaragoza, Esq.
Collette M. Capretz, Esq.
Shaw Pittman, L.L.P
2300 N Street N.W.
Washington, DC 20037
Counsel for Secret Communications II, L.L.C

* By hand

Kelly S. Waltersdorf